

RC450
G7
1870T

Medico-Psychologicus

The treatment of lunatics.

London, 1870.



YALE MEDICAL LIBRARY

HISTORICAL LIBRARY

The Bequest of CLEMENTS COLLARD FRY

EX LIBRIS

CLEMENTS C. FRY, M. D.

THE
TREATMENT OF LUNATICS.

A Reply

TO THE "LANCET" ANNOTATION

Of Saturday, January 22nd, 1870.

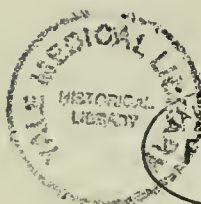
BY

MEDICO-PSYCHOLOGICUS.



LONDON:
JOHN CHURCHILL AND SONS, NEW BURLINGTON STREET.

MDCCCLXX.



RC 450
G7
1870 T

ON Saturday, the 22nd of January, 1870, the following annotation appeared in the *Lancet*:—

THE TREATMENT OF LUNATICS.

The post-mortem discovery of crushed ribs and breast-bones in the bodies of the unfortunate lunatics who die in our public asylums is becoming quite a matter of ordinary routine. It is said that the common asylum custom is for stout attendants to travel upon their knees up and down the prostrate bodies of unpleasant patients, by way of giving them a hint to cease from troubling. The mystery is that everybody knows this as a piece of abstract information, and that most asylum superintendents must have abundant proofs of the existence of the practice; but nobody knows anything about any particular instance. Juries are calmly told that a fracture of the sternum and of six ribs on each side was caused by the act of the lunatic. Either he sat down suddenly in a chair from which the cushion had been accidentally omitted, or he “strained himself” in coughing, or he was in the habit of beating his breast with his hands. It is high time that a stop should be put to this kind of thing; and we beg leave to suggest a simple and practical remedy. The fault of course rests entirely with the Visiting Justices and with the Commissioners in Lunacy. The former appoint, and the latter sanction, the appointment of so-called superintendents, who are so overworked that they cannot superintend, and whose medical functions are suppressed and pushed out of sight by their routine tasks as clerks and stewards. But with them rests the responsibility, although not the fault. We would have a post-mortem examination of every

patient dying in an asylum; and we would insist that, whenever mortal injuries were discovered, the superintendent should either prosecute an attendant to conviction, or should be himself dismissed—together with all his subordinates. The attendants who were dismissed because some among them had committed a brutal murder would not readily find employment elsewhere; and a public opinion hostile to the practices we denounce would be created among their class by the irresistible force of self-interest. With regard to the superintendent, we would take his successor from among the general ranks of the profession; to the absolute exclusion of men trained from early life in an asylum, and habituated to the existence of its evil customs. In a word, we would infuse new blood into a somewhat effete speciality, and would try to raise up a race of younger Conollys, who, like him, should bring fresh minds to their work. If these men found themselves hopelessly overtasked, there would be at least some among them who would elect to follow justice and mercy in lieu of tithing mint, anise, and cummin. There would be at least some of them who would lift up voices that could be heard, and who would make statements that would command attention. Before long they would cleanse the Augean stable of our present system, and would bring to the insane new light and new hope.

Immediately on the publication of this annotation, the following letter was forwarded to the Editor of the *Lancet*, who, however, declined to give it a place in his paper.

THE TREATMENT OF LUNATICS.

To the Editor of the Lancet.

SIR,

Asylum Medical Officers are so accustomed in their daily professional experience to bear calumny and misinterpretation "with a patient shrug," that it takes much to move them to argument or vindication. When "daily vituperators" accuse them of all the crimes in the gamut, they console themselves in a philosophical reserve. When Mr. Charles Reade's intemperate volleys resound in the columns of the *Pall Mall Gazette*, they make allowance for an idiosyncrasy, remembering that some men "cannot abide a harmless necessary cat," and still shelter themselves in the privilege of silence. But when the *Lancet*, their own familiar friend, in whose judgment and impartiality they have been wont to confide, yields to the impulse of the hour, and repeats and sanctions various disgraceful charges against them, they cannot any longer refrain from self-defence. Belligerent rights have been conferred on what

was formerly only an insignificant method of irritating an assailant, and the time for active resistance has arrived.

As one of their number, as a long-suffering but finally incensed Asylum Medical Officer, permit me, sir, to raise my pen in protestation against the annotation headed "The Treatment of Lunatics," contained in the *Lancet* of to-day, and to endeavour to show that the statements contained in that paragraph are erroneous and unjust.

Three deaths from violence have recently occurred in three County Asylums, and in one of these there is reason to believe (although the case has not yet been tried, and ought not, therefore, in justice to the accused to be discussed) that the injuries which caused the patient's death were inflicted by an attendant. These are the facts which have painfully attracted public attention, and called forth your comments on the treatment of Lunatics. They are deplorable enough. They indicate the failure, in three instances, of our modern humane method of dealing with the insane, and they suggest the propriety of a searching inquiry, by competent authorities, into the administration of those establishments in which they occurred. But do they warrant the inferences which you have drawn from them? Are they sufficient to entitle you to involve in a sweeping

condemnation all the Lunatic Hospitals of this country and their Medical Officers? I venture to think not. I venture to believe that it would be as fair to inveigh against the management of our General Hospitals and Infirmaries, and to hold up their Physicians and Surgeons to obloquy as effete and inefficient, because a large number of deaths from chloroform have recently occurred in them, or because epidemics of erysipelas frequently visit them, as it is to embrace our Asylums and their staffs in a wholesale censure because three of them have lately been the scenes of distressing misadventures.

The inferences which you deduce from the cases to which I have referred are three in number—1st. That the breaking of ribs and breast-bones is an ordinary occurrence in our asylums. 2nd. That Medical Superintendents have abundant proof of the existence of this practice which they conceal. 3rd. That the responsibility of these abuses rests with the Visiting Magistrates and Commissioners in Lunacy.

In examining these inferences separately, I am at a loss to discover any shred of foundation upon which you can have built up that which stands first in order, unless indeed it is the statement of the patient Dalton in the Lancaster Asylum—as to whose mental state we have as yet no informa-

tion—that ill-usage of patients was common in that institution. Even this, however, would not vindicate your broad generalization, the truth of which is scarcely compatible with certain well-ascertained facts. If it is borne in mind that about 3000 persons are discharged from our Public Asylums annually, that many of these have been acute observers during the whole period of their residence in the Asylum, that all of them have been intelligent and rational during that period of convalescence which precedes liberation, it will seem scarcely credible that horrible brutalities, such as rib fracture, kicking, &c., could be carried on habitually in these establishments without frequent exposure. If it is further borne in mind that each of these 3000 persons has been brought before the Magistrates or the Medical Superintendent and Chaplain immediately previous to discharge, and closely questioned as to the treatment which they and their companions have received, at a time when neither fear nor favour can be supposed to influence them, it becomes more astonishing that rib-fracture and kicking should escape detection. If it is again borne in mind that all the twenty-five thousand lunatics in our Public Asylums are seen and examined individually (particularly as to the character of the treatment they receive) once a year by the Commissioners in Lunacy, and fre-

quently by the Local Magistrates, and that a large proportion of them have opportunities of communicating privately with their friends and relatives, it becomes still more amazing—indeed amazing past belief!—that crushed ribs and breast-bones should be a matter of ordinary routine in our Asylums and yet avoid public acknowledgment except on the rarest occasions. If it is once more borne in mind that every injury happening in an Asylum, no matter how trifling it may appear, is diligently inquired into, first by the subordinate officers who are constantly perambulating the wards, and who inspect the patients when bathing and undressing, and secondly by the Medical Officers, and that the result of these inquiries is reported in the Medical Journal and submitted to the Commissioners in Lunacy, even in so paltry a matter as a scratched finger or bruised toe, it requires an exercise of credulity amounting to superstition to comprehend how fractured ribs should manage to evade recognition.

The truth is that fractured ribs,—and an attendant can scarcely travel over the chest of a lunatic on his knees without fracturing his ribs,—are invariably found out. In a case of violent excitement where physical exploration is impracticable, they may remain undiscovered for a few days, but sooner or later, before or after death,

they are diagnosed and recorded. In some Asylums post-mortem examinations are performed in every case, and in all Asylums they are instituted and required wherever suspicious circumstances are present, wherever death results from pleurisy, where it occurs suddenly inexplicably, or soon after admission, or in a case characterized by violence and excitement. In every Asylum each death is immediately reported to the Coroner and to the Commissioners in Lunacy, who are not slow to hold investigations wherever unusual features exist. It seems impossible then, that fractured ribs can be overlooked, and we may console ourselves by believing that we know the very worst of this matter. And is this worst so bad, after all, and does it inevitably imply brutal violence on the part of attendants? Does this occurrence of half a dozen, or even of a dozen cases of fractured ribs annually amongst twenty-five thousand insane persons, appear wonderful and shocking, and unmistakably point to the practice of brutal violence on the part of half a dozen or dozen attendants? Why, sir, the wonder is, when the circumstances of Asylum life are considered, that such casualties are not infinitely more numerous. When deliberating on this subject in the editorial arm-chair, or in the quiet recesses of private life, it is apt to be forgotten that Lunatic Asylums are Lunatic

Asylums, and that they are composed of singular and incongruous elements. We are apt to forget that they accommodate not only the weak but the vicious, and justice is swallowed up in pity. In order, however, to arrive at trustworthy conclusions, it must be remembered that our Asylums contain amongst their inmates:—

- 1st. Those who are criminals, who are naturally of a violent and ferocious disposition, and who are prone to assault their companions on the slightest provocation.
- 2nd. Those who have become violent and dangerous and combative, through cerebral disease, and who are prone to assault their companions with or without provocation.
- 3rd. Those who are epileptic and who are constantly falling with great force in their seizures, and sustaining injuries in this way.
- 4th. Those who, under the influence of delusion, obstinately refuse to perform any necessary act, and who have to be compelled to take food, &c., for their own preservation.
- 5th. Those who are feeble, infirm, and partially paralysed, and at the same time restless, who frequently fall spontaneously, or on the slightest contact, and who fall heavily



owing to the impairment of their muscular power.

6th. Those who are self-mutilators, and who wilfully inflict injuries on their own persons.

If these facts be taken into account, together with the large amount of liberty of action now allowed to the Insane in our Asylums, and the cunning and craft which so often characterize their condition, it must, I think, be a matter of surprise, not that fractured ribs occur, but that they occur so rarely. It must also, I think, be evident that you have been somewhat hasty in assuming that the fractured ribs of Santa Nistri, at Hanwell, and of the patient at Carmarthen, were indubitably produced by the violence of the attendants, excluding from consideration, as you do, a variety of other ways in which they might have been obtained. All those familiar with the insane know that many of them are deceitful and malicious, and delight in bringing false accusations against those in charge of them; that others labour under every degree of weakness and confusion of memory, and make most unreliable narrations of recent events, and that others come to entertain dreams and hallucinations as truths—this being especially the case with epileptics, who often ascribe to blows those bruises and injuries which they have incurred in their convulsions. In those

traits of insane minds may be found an explanation of some of the accusations brought against attendants, whose duty often brings them into collision with those who are not scrupulous as to the mode of retaliation which they adopt.

When we deliberate further, it appears a matter of congratulation that fractured ribs and other cruelties inflicted by attendants are not more common than they are. There are about eighteen hundred persons waiting upon the insane in this country, and there must be many defaulters in so large a regiment. They are in the proportion of about one to every fourteen lunatics. They are shut up with the insane for thirteen or fourteen hours a day, on an average, and are subjected to every description of trial, taunt, and molestation, sometimes to personal violence. They are drawn from the lower and uneducated classes, and are paid, the men from 20*l.* to 35*l.*, and the women from 10*l.* to 20*l.* per annum. An impersonation of all the virtues, and more particularly of gentleness and self-restraint, is not to be procured for such a figure, not even with board, washing, and two suits of clothes. Temper will sometimes assert itself; of course it must be repressed and punished, but we need not exclaim over it as if it were an extraordinary phenomenon.

Turning to your second inference, that medical superintendents have abundant proof of the existence of the "rib breaking" in Asylums under their care, which they cover and conceal, I have to say, that I shall be obliged if you will point out any recent case, or any fact adduced in evidence in any recent case, that could be twisted into supporting such a theory. It seems to have escaped you, that the very cases which have called forth your remarks have been brought to light by Asylum Medical Officers, and that their position and character is such as to make it scarcely courteous, to say the least, to accuse them of conniving at a felony. Asylum Medical Officers have difficult and responsible positions to fill, and they are I am confident the best friends of the Insane in this country. Instead of condoning cruelty in their subordinates, they are its^{*} most determined enemies, and often incur odium from the strictness with which they check every approach to it. Try your case against them by a Jury of Patients, past or present, and you will learn that you have spoken somewhat unadvisedly respecting them. They work benevolently and unobtrusively, and do not take much part in the advertising clamour of the day, and hence you pronounce them effete.

As to your third inference, that for the abuses

which exist the Visiting Justices and Commissioners in Lunacy are to blame, I would remark, that you seem not to be acquainted with the system of Asylum Government which is now prevalent. In all, except the Metropolitan Asylums, the Medical Officers have almost supreme power in the regulation of the staff and establishment, and must bear the responsibility of management. Nowhere that I am aware of, have they to perform tasks as clerks and stewards, but everywhere are they charged with those important duties as governors, which they could not relinquish, retaining their usefulness. What they require is an addition, not to the number of clerks and stewards, but of Junior Medical Officers, so that routine medical work, reporting of cases, &c., may be better attended to. As it is, they derive the most generous and judicious support from the Visiting Justices and Commissioners in Lunacy, and would not wish to transfer to them a responsibility which ought to rest with the officers immediately in command of each Asylum.

Having dealt with your inferences as to the corruptions and abuses now existing in our Asylums, I proceed next to the remedial measures which you suggest. These are more heroic than practicable, more well-meant than judicious. They are three in number : 1st. That there should be

a post-mortem examination of every Lunatic dying in an Asylum. 2nd. That we should insist that whenever mortal injuries were discovered, the Superintendent should either prosecute an attendant to conviction, or be himself dismissed, together with all his subordinates. 3rd. That his successors should be drawn from among the general ranks of the profession. As regards the first suggestion it is perfectly reasonable, has been anticipated in some Asylums, and ought to be generally adopted, for scientific as well as for humane reasons. No objection could be entertained, not only to a post-mortem examination, but to a Coroner's inquest in every case, were that regarded as any additional protection. As regards the second suggestion, it is simply extravagant and unfortunately expressed. Suppose a paralytic patient falls, fractures his ribs, and dies (and the highest authorities can be quoted for the possibility of such an occurrence), then a Superintendent must either prosecute an attendant to conviction for an imaginary crime, or be himself dismissed along with all his subordinates. Suppose that an attendant does inflict mortal injuries upon a lunatic, is prosecuted, but acquitted owing to an imperfection of evidence, then again the Superintendent must be dismissed along with all his subordinates. It would be slightly inconvenient

to change the entire police force from the Chief Commissioner downwards whenever a failure of justice occurred in the metropolis, or the perpetrators of crime went unconvicted, and I do think that difficulty might be felt in officer-
ing our Asylums upon the terms which you propose. I have no doubt that fractured ribs occurred and passed without the conviction of any attendant at Hanwell, during the superintendence of Dr. Conolly, whose name you mention with respect, so that he and all his subordinates must have been dismissed. Might not this have retarded some important reforms? Surely it is conceivable that a lunatic may be injured by an attendant, that a superintendent may know this, and yet decline to prosecute, because he is aware that the evidence which satisfies his mind would not be adequate in a court of law; and surely under such circumstances summary dismissal of the delinquent is better than a public prosecution.

As regards your third suggestion, that superintendents dismissed for not obtaining convictions should be succeeded by men taken from the general ranks of the profession, I think it betokens a very inaccurate conception of the present condition and requirements of our Asylums. "There are more things" in madhouses, sir, "than are

dreamt of in your philosophy," and a gentleman from the general ranks of the profession, no matter how "fresh" his mind, would feel himself in a very awkward predicament if suddenly pitched into the chief charge of such an establishment. Your transfusion would be a failure, your fresh blood would find itself unable to support the complicated organization into which it was introduced. One result would be certain: you would have an infinitely richer harvest of fractured ribs. And then, when your fresh man failed to get a conviction, who should follow him? Specialism if an evil is also a necessity, and nowhere is it a greater necessity than in Lunacy practice.

All sorts of cruelty and violence in Asylums, all fractured ribs and breast-bones, can be effectually prevented, but only in one of two ways, either by a return to the use of restraint, or by an enormous increase in the number and rate of remuneration of our Asylum attendants. The first of these plans you would hardly recommend; the second, the ratpayers would hardly tolerate. Under the existing system, these miserable casualties must and will recur. How with our present arrangements they may be reduced to a minimum, I shall at some future opportunity point out.

Notwithstanding the recent cases, sir, notwithstanding the public animosity against madhouses,

notwithstanding your annotation, I do not hesitate to assert that for practical humanity, purity of administration, soundness of discipline, and other fulfilment of those purposes which called them into being, our County and Borough Lunatic Asylums will nobly bear comparison with all other public and charitable institutions in the kingdom. They will only benefit in reputation by being contrasted with prisons, workhouses, hospitals, dispensaries, barracks, and schools. They have no reason to fear the strictest scrutiny, and will, I am sure, be thrown unreservedly open at all seasons to a *Lancet* Commission, or any other eligible visitor.

That particular stall of the "Augean Stable" over which I preside will rejoice in the inspection of a medical Hercules.

I am, Sir,

Your obedient servant,

MEDICO-PSYCHOLOGICUS.

22nd January, 1870.

LONDON :
SAVILL, EDWARDS AND CO., PRINTERS, CHANDOS STREET,
COVENT GARDEN.

Date Due

YALE
MEDICAL
LIBRARY

Accession no. CCF

Medico-psychologics
Author [pseud.]

The treatment of
lunatics ...
Call no.

19th AC 450
cent 67
18305

